FORM D

ORIGINAL

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

1270	796
OMB A	PPROVAL
OMB Number:	3235-0076
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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix		Serial						
DATE RECEIVED								

Filing Under (Check b	Fund, LLC (f/k/a Que ox(es) that apply):	□ Rule 504	□ Rule 505	☑ Rule 506	☐ Section 4(6)	D :WLOE
Type of Filing:	□ New Filing	☑ Amendment			Mai	l Processing
		A. BASIC II	DENTIFICATION	ON DATA		Tight -
1. Enter the information	on requested about the is	ssuer	· · · · · · · · · · · · · · · · · · ·		Si	F 10 2008
	ck if this is an amendmer Fund, LLC(f/k/a Quel					hinder DO
Address of Executive 6 601 Union St. 56th	Offices Floor Seattle, WA 98	(Number and Street,	City, State, Zip Co		e Number (Including 613-6700	Area Code)
Address of Principal B (if different from Exec		(Number and Street,	City, State, Zip Co	de) Telephon	e Number (Including	Area Code)
Brief Description of B Private Investment					Ī	ROCESSE
Type of Business Orga ☐ corporation ☐ business trust	□ lim	ited partnership, alre	be formed	☑ other Limited	(please specify) Liability Company	SFP 1 0 2000
	ate of Incorporation or Coration or Organization:	Organization: 1 (Enter two-lette	4 onth Year O O 3 or U.S. Postal Service FN for other foreign	e abbreviation for	La Estimatea	E. SINGON KEUIE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if ind BlackRock Alternative Advisor		C (managing member o	of Issuer)			
Business or Residence Address 601 Union Street, 56 th Floor,		treet, City, State, Zip Codengton 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)		•			
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)		_	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)			-		
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			-
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)	····		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			*****
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				-	
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	е)			
	(Use blank shee	t, or copy and use addition	nal copies of this sheet, as	necessary.)	•	-

			<u> </u>	B. IN	FORMAT	TION AB	OUT OF	FERING				
1. Has	s the issuer so	old, or does t	the issuer in				stors in this in 2, if filing				Yes ☑	No
2. What is the minimum investment that will be accepted from any individual?									,000,000*			
· · · ·									waived			
3. Do	3. Does the offering permit joint ownership of a single unit?							Yes ☑	No □			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Na	ıme (Last naı	ne first, if in	dividual)									
Not Ap	plicable											
Busine	ss or Residen	ice Address	(Numb	er and Stree	t, City, State	e, Zip Code)					
Name (of Associated	Broker or D	Dealer									
_	n Which Per											
(Che	ck "All State	s" or check	individual S	states)	******************			***************************************	•••••			All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	; [CT] [ME] [NY] [VT]	(DE) [MD) [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
 	me (Last nai			L								
Busine	ss or Residen	ice Address	(Numb	er and Stree	t, City, State	e, Zip Code)					
Name o	of Associated	Broker or [Dealer									
States i	n Which Per	son Listed H	las Solicited	or Intends	to Solicit Pu	ırchasers					·	
(Che	ck "All State	s" or check	individual S	States)			***************************************	********				All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] ISC]	[AZ] [1A] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]
	ame (Last nai			[IA]	[01]		[vn]	[WA]	[** *]	[***1]	["1]	11.51
Busine	ss or Residen	ice Address	(Numb	er and Stree	t, City, State	e, Zip Code)					
Name o	of Associated	Broker or D	Dealer						· · · · · · · · · · · · · · · · · · ·			·
States i	n Which Per	son Listed H	las Solicited	l or Intends	to Solicit Pu	ırchasers						
(Che	ck "All State	s" or check	individual S	States)	*****************	***********	******************					All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] {IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] '- [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price	Am	ount Already Sold
	Debt	\$_	0	\$	0
	Equity				0
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests			\$	0
	Other (Specify) LLC Interests			s	9,679,257
	Total			\$	9,679,257
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	,		Number Investors	Do	Aggregate ollar Amount f Purchases 9,679,257
	Accredited Investors			· · · · · ·	
	Non-accredited Investors				0
	Total (for filings under Rule 504 only)	_	N/A	Ֆ	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering		Type of Security	Do	ollar Amount Sold
	Rule 505	_	N/A	\$_	0
	Regulation A	_	·	\$_	0
	Rule 504	_	N/A	\$_	0
	Total	_	<u>N/A</u>	\$_	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	0
	Legal Fees		Ø	\$	75,000
	Accounting Fees		፟	\$ <u></u>	25,000
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify) Administrative/Custodial Fees /Director's Fees			\$	0
	Total		Ø	\$	100,000

C. OFFERING PRICE, NUMBE	OF INVESTORS, EXPENSES AND	USE OF	PROCE	7D2	
b. Enter the difference between the aggregate of Question 1 and total expenses furnished in re difference is the "adjusted gross proceeds to the control of				s	Unlimited
5. Indicate below the amount of the adjusted gross proc for each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of gross proceeds to the issuer set forth in response to Pa	purpose is not known, furnish an estimate and the payments listed must equal the adjusted				
		Payme Officers, & Aff	Directors		nents To
Salaries and Fees		. 🗆 \$	0	□ \$	0
Purchase of real estate		. 🗆 \$	0	□ \$	0
Purchase, rental or leasing and installation of machin	ry and equipment	. 🗆 \$	0	□ \$ <u></u>	0
Construction or leasing of plant buildings and faciliti	S	. 🗆 \$	0_	□ \$	0
Acquisition of other businesses (including the value be used in exchange for the assets or securities of and			0		0
Repayment of indebtedness		. 🗆 \$	0	□ \$	0
Working capital	•••••	. 🗆 \$	0	□ \$	0
Other (specify) Investment in securities		. 🗆 \$ _	0	Ø \$	Unlimited
Column Totals		. 🗆 \$	0	☑ \$	Unlimited
Total Payments Listed (column totals added)		•	☑ \$ <u> </u> (<u>Jnlimited</u>	
	. FEDERAL SIGNATURE				,
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furnisinformation furnished by the issuer to any non-accredited	to the U.S. Securities and Exchange Commiss nvestor pursuant to paragraph (b)(2) of Rule 50	sion, upon w	ritten requ		
Issuer (Print or Type)	Signature	/	Date	ember 9,	2008
Q-BLK Provenance Fund, LLC	a semale	201	John	,	2000
Name of Signer (Print or Type)	Title of Signer (Print or Type)		-		
BlackRock Alternative Advisors (GenPar), LLC, in its capacity as managing member By: BlackRock Financial Management, Inc., its managing member	Managing Member of Issuer				
Name of Signer (Print or Type)	Fitle of Signer (Print or Type)				
Marie M. Bender	Managing Director of BlackRock Financia	ıl Managen	nent, Inc.		
	(*************************************	ıl Managen	nent, Inc.		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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